WORKERS' COMPENSATION TRAINING

Rock Island Arsenal
CPAC

(309) 782-1278 DSN 793

Introduction

- This training session will provide basic information concerning the Federal Employees Compensation Act (FECA)

Injury Report Procedure

- Employee should immediately notify injury to Manager
- Manager will do Preliminary Incident Notification Report within 2 hours (on safety web site)
- Report to Health Clinic for evaluation
- If emergency arrange for evacuation to appropriate medical facility or trauma center

Participants

- Injured worker
- Supervisor
- Attending physician(s)
- Injury Compensation Program Administrator (ICPA -RIA comp office)
- Department of Labor, Office of Workers' Compensation (DOL, OWCP)

Role of the Injured Worker

- Observe all safety procedures
- Report all injuries promptly to supervisor, including all near misses
- Obtain medical treatment
- Provide evidence to support claim
- Inform physician about light duty
- Keep all parties informed of medical status
- Return to work (including light duty) as soon as medically capable

Role of Supervisor

- Enforce all safety regulations
- Provide basic FECA information to employees
- Send injured worker to health clinic
- Promptly complete all forms
  - Preliminary Incident Notification Report within 2 hours (on safety web site)
  - CA forms to CPAC within 2 workdays of receipt

Role of Supervisor cont.

- Gather basic information about the claim - decide whether to controvert/challenge
- Ensure COP is reported accurately and completely to ICPA and payroll
  - RIA FL 690-2
- Make light duty available
- Maintain contact with injured worker

Role of ICPA RIA compensation office

- Assist supervisor with form completion and controversion/challenges
- Insure all forms are properly completed prior to submission
- Answer questions regarding claim
- Assist injured worker and DOL, OWCP in obtaining additional information

Role of DOL, OWCP

- Interpret the Federal Employees Compensation Act (FECA) and regulations
- Adjudicate claims
- Pay benefits
- Has *final decision* on all FECA issues

DOL, OWCP

- Department of Labor, Office of Workers' Compensation Programs (DOL, OWCP)
- 12 District Offices
- Branch of Hearings and Review
- Employees' Compensation Appeals Board
- Exclusive remedy

Types of Injury Claims

- First Aid
- Traumatic Injury
- Occupational Disease
- Recurrence

First Aid

- No time is lost from work beyond the day of injury
- No outside medical expenses are incurred

Traumatic Injury …

A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a **single** day or work shift.

Traumatic Injury cont.

- CA-1
- Employee's written notice of injury
  - Must be completed by employee within in 30 days to be eligible for Continuation of Pay (COP)
  - Must provide proof of disability within 10 days
- Supervisor complete entire backside. Forwards original to the CPAC within 2 workdays of receipt
- Must be typewritten or written in ink

Occupational Disease …

An occupational disease is defined as a condition produced in the work environment over a period longer than one work day or shift. It may result from systemic infections, repeated stress or strain, exposure to toxins, poisons, or fumes, or other continuing conditions of the work environment.

Occupational Disease *cont.*

- CA-2 and appropriate CA-35 checklist
- Employee needs to provide detailed written statement as to cause of condition
- Supervisor completes backside of CA-2, reviews employee statements, and provides a written response and comments to employee statement
- No medical/wage benefits are payable until claim is accepted

Occupational Disease *cont.*

- COP is not an entitlement - will need to use sick/annual leave or LWOP and file for compensation
- Supervisor forwards all originals to CPAC office within 2 days of receipt
- Must be typewritten or written in ink

Recurrence …

A spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause, or a return of increase of disability due to a consequential injury.

Recurrence cont.

- CA-2a
- Claimant must provide medical evidence supporting causal relationship between original condition and recurrence
- If beyond 45 COP days, must use sick/ annual or LWOP and apply for compensation
- Must be typewritten or written in ink

Requirements for Coverage

- Time
- Civil employee
- Fact of injury
- Performance of Duty
- Causal relationship

Time Requirements

- Time begins to run:
  - Date of Injury/death or
  - On first awareness of work-related condition or
  - On the date of last exposure
- A claim must be filed within 3 years
  - written notice of actual knowledge within 30 days to be eligible for COP
  - exceptional circumstances

Civil Employee

- Injured or deceased individual is an “employee” within the meaning of the law.

Fact of Injury

- Must be established whether the employee in fact sustained an injury or disease.
- Two factors involved:
  - Occurrence of Event – whether the employee actually experienced the accident, event, or employment factor which is alleged to have occurred.
  - Medical condition – whether the accident or employment factor resulted in an injury or disease.

Performance of Duty

- Must be determined whether the employee was in the performance of duty when the injury occurred.
  - On agency premises while performing assigned duties or engaging in an activity reasonably associated with employment.
  - Immediately outside building such as steps or sidewalks if they are Federally owned or maintained.
  - Parking facilities owned, controlled or managed by agency.

Performance of Duty cont.

- Outside working hours for a reasonable time (30 minutes) before and after working hours.
- Representational functions entitling them to official time.
  - Employees engages in internal business of a labor organization, such as soliciting new members or collecting dues are *not* covered.

Performance of Duty cont.

- Off-Premises Injuries who perform services away from the agency's premises – workers who are sent on errands or special missions and workers who perform services at home.
  - To and From work not covered unless agency furnishes transportation.
  - Lunch hour injuries occurring off premises are not covered unless in an official travel status or performing regular duties off premises

Performance of Duty cont.

- Travel Status covered 24 hours a day for all *reasonable* incidents of their temporary duty.
  - Sightseeing trips in an assigned city would not be covered.
- Other factors determined on a case-by-case basis
  - Formal recreation which an employee is paid or required to perform.
  - Injury or death caused by assault of another person if established the assault was accidental and arose out of activity directly related to work or work environment.

Causal Relationship

Establishment of a connection between the injury and the condition found. This factor is based entirely on medical evidence provided by physicians who have examined and treated the employee. Opinions of the employee, supervisor or witness are not considered, nor is general medical information contained in published articles.

Continuation of Pay (COP)

- Employee must file CA-1 written notice for traumatic injury within 30 days of the date of injury
- Must have prima facie medical evidence of injury related disability and must provide proof of disability within 10 days
- May be entitled up to 45 Days
  - Used within 45 days from date of injury
  - Each day or part of day counts as 1 day
  - When COP is continuous, each weekend day /holiday counts as 1 day

Continuation of Pay (COP) cont.

- COP may be paid for lost elements such as night differential or premium pay – each day count toward 45 day entitlement
- COP is paid for time away from work to attend medical appointments within the 45 days or total disability with supporting medical
- All COP dates and hours must be reported to the RIA compensation office
  - RIA FL 690-2

Continuation of Pay (COP) cont.

- COP may be terminated when:
  - Medical evidence is not provided within 10 calendar days
  - The employee is no longer disabled
  - The employee refuses a suitable light duty job offer
  - OWCP advises the agency that COP should be terminated

Medical Benefit

- Report to Health Clinic first
- Initial choice of treating physician
- Medical services, appliances or supplies necessary to treat a work related injury
- DOL, OWCP approval required for treatment beyond basic care except in emergency
- Preventative treatment excluded
- Limitations on chiropractic treatment

Medical Benefits cont.

- OWCP approval needed for:
  - Medical services beyond the scope of basic care
    - Surgery (except for emergency)
    - diagnostic tests
    - physical therapy beyond 120 days
    - appliances
    - health club memberships
    - Attendant
  - Changes in treating physician (expect for referrals)

Bill Payment

- Billing forms
  - Physicians submit HCFA 1500 form Supporting medical documentation (dictation/office notes) must be included
  - Hospitals submit form UB-92
- Submitted within specific time frame

Bill Pay Reimbursement

- Injured worker completes
  - CA-915, copies of canceled checks, cash register receipts or other receipts of payments.
  - Prescriptions must include prescription tags attached to bag which includes the prescription name and workers' name
- Reimbursable Travel expenses –
  - OWCP 957 form

Monetary Claims

- Wage loss compensation
- Leave buy back
- Loss of wage earning capacity (LWEC)
- Scheduled Award

Wage Loss Compensation

- Wage loss compensation when total disability continues beyond COP
- As soon as disability begins for accepted claim where COP is not an entitlement (occupational disease)
- Wage loss due to obtaining medical treatment beyond COP timeframe or when COP not entitlement

Wage Loss Compensation cont.

- File form CA-7
  - include CA-7a for intermittent periods
- File at end of each pay period loss of wages occur
- Need SF1199 Direct Deposit with initial CA-7
- 3-day up front waiting period

Wage Loss Compensation cont.

- Calculations
  - Pay-rate Dates
    - Date of Injury
    - Date disability began
    - Date of recurrence
  - Compensation Rate
    - 66-2/3% w/o dependents
    - 75% with dependents

Leave buy back

- Sick or annual leave used due to disability or obtaining medical treatment
- Must have medical documentation to support leave used
- Leave accrual and TSP contributions may be affected
- File form CA-7, CA-7a and CA-7b

Leave buy back cont.

- Supervisor and DFAS must concur with dates and hours used.
- DFAS provides total cost to restore
- OWCP advises exact amount they will pay @ the 66-2/3% or 75% (tax free)
- *Employee repays balance* - Leave restored once paid in full

Loss of Wage Earning Capacity (LWEC)

- Formal decision by OWCP
- Partial disability
- Physically unable to earn same pay as date of injury job
- Compensation 66-2/3% or 75% of difference

Schedule Award

- Permanent impairment of a schedule member
- Amount of compensation based on percentage loss
  - Not entitled for loss or impairment to back, heart or brain
- Must reach maximum medical improvement

Schedule Award cont.

- Injured worker completes Form CA-7 and medical evidence
- Cannot receive concurrently with wage loss compensation for the same injury

Permanent Restrictions - Job search

- Once permanent restriction placed due to work related injury
  - Directorate determine if employee can be accommodated at current site, if not
  - CPAC search within the agency to find position that will accommodate

Formal Decisions

- Entitlement decisions with appeal rights
  - Denial of claim
  - Denial of COP
  - Denial of wage loss compensation
  - Schedule Award
  - Loss of wage earning capacity
  - Approval of representative’s fee
  - Overpayment decisions

Appeal Rights

- Reconsideration
- Oral Hearing
- Review of the written record
- Appeal

Reconsideration

- Filed with local district office
- Case reconsidered by a senior level examiner not previously involved
- Written request within 1 year of the formal decision date
- Request must include new argument and/or evidence

Oral Hearing

- Filed with Branch of Hearings and Review, Washington DC
- Informal hearing of oral testimony and written evidence
- Representative may be present
- May not have already had a reconsideration
- Written request within 30 days of decision date
- Own leave used to attend

Oral Hearing - Agency Participation

- Agency representative may attend in an observation status only
- Agency has 20 days to comment on hearing transcript

Review of the Written Record

- Filed with Branch of Hearings and Review, Washington DC
- Review of file and any new written evidence
- May not have already requested reconsideration
- Written request *and new evidence* within 30 days of decision date

Appeal

- Filed with Appeals Board, Washington DC
- Review of existing record only
- Written request within 90 days of decision date

Responsibilities

- RIA Compensation office has *no authority* to authorize payment of bills, medical treatment, change of physicians, surgery.
- RIA Compensation Office *does not* adjudicate (approve or disapprove) claims

Responsibilities cont.

- Employees responsibility to provide appropriate medical documentation to support their claim and the need for compensation
- Employees responsibility to notify the RIA compensation office if bills are not being paid after 60 days

Responsibilities cont.

- Employees responsibility to notify the RIA compensation office when they have been in a COP status for 30 days
- Employees responsibility to initiate claim for scheduled award if applicable
- Employees responsibility to notify the RIA compensation office prior to any surgery (other than emergency)

Responsibilities cont.

- Employees responsibility to notify their supervisor whether they are electing to use sick/annual leave or LWOP/COMP and the effective date
- Employees responsibility to respond to queries from the Office of Workers' Compensation Programs (OWCP) within the time frame specified

References

- RIA CPAC Web page

https://home.ria.army.mil/sites/cpac

- Department of Labor home page

  www.dol.gov

References

- RIAR 690-17 (9/26/02)
- Appendix A to SOP 385-AO-13 (1/19/99)
- 5 USC 8101 et seq.
- 20 CFR parts 10 and 25
- CA-810, Injury Compensation for Federal Employees
- DoD Civilian Personnel Manual, Subchapter 8 and Subchapter 810

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